

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713112

FILED
Aug 31, 2004
Secretary of State**Entity Name:** IMMOKALEE LITTLE LEAGUE BASEBALL ASSOCIATION, INCORPORATED**Current Principal Place of Business:**P.O. BOX 5096
IMMOKALEE, FL 34143**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5096
IMMOKALEE, FL 34143**New Mailing Address:****FEI Number:** 52-1242228**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**YZAGUIRRE, TAMMY S
1313 ORANGE STREET
IMMOKALEE, FL 34142 US**Name and Address of New Registered Agent:**GOODNIGHT, APRIL
804 TIPPINS TERRACE
IMMOKALEE, FL 34142 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: APRIL GOODNIGHT

08/31/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, RHONDA
Address: 1207 MIMOSA AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: VPD () Delete
Name: WILLIAMS, JACKIE W
Address: 641 N 9TH ST
City-St-Zip: IMMOKALEE, FL 34148

Title: T () Delete
Name: KOHL, MARIBEL
Address: PO BOX 1509
City-St-Zip: IMMOKALEE, FL 34143

Title: S () Delete
Name: HERRERA, DORA
Address: 550 N 19TH ST #23
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODNIGHT, APRIL
Address: 804 TIPPINS TERRACE
City-St-Zip: IMMOKALEE, FL 34142

Title: VPD (X) Change () Addition
Name: WILLIAMS, JACKIE W
Address: 641 N 9TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: T (X) Change () Addition
Name: YZAGUIRRE, TAMMY S
Address: 150 CARLISLE AVENUE S
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S (X) Change () Addition
Name: GONZALEZ, CINDY
Address: 1104 MARJORIE STREET
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL GOODNIGHT

MS.

08/31/2004

Electronic Signature of Signing Officer or Director

Date